

Hawaii Independent Physicians Association

1600 Kapiolani Boulevard

Suite 1030

Honolulu, HI 96814



Hawaii IPA Membership Committee Form: Re-application of a Provider to PT with Hawaii IPA- Part 1

Can you please explain why you left Payment Transformation and why you wish to return?

Can you please comment on your ability to meet Hawaii IPA's performance standards: at least 60% performance overall (\$ captured/\$ earned) and 50% performance per each line of business (commercial, QUEST, Medicare)?

What barriers, if any, did you previously face to succeeding in Payment Transformation?:

How do you envision being able to overcome these barriers should you return to the program?:

Please discuss your willingness to work with Hawaii IPA to ensure performance standards are met, if not exceeded:

Provider's Previous Performance in the program (HIPA Internal Use Only):

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Hawaii IPA Membership Committee Form: Re-application of a Provider to PT with Hawaii IPA-Part 2

Can you perform the functions and adhere to the terms of the contractual agreement for which you are applying (i.e. for NDs, APRNs, PAs, supervising MD signing off on **all** notes; promoting all quality measures under PT, etc.)? If no, please explain (attach an additional page if necessary).

Yes

No. Please explain:

Are you presently using illegal drugs?: Yes No

Have you, in the past 5 years used and/or been treated for substance (i.e., drugs, prescription medication) or alcohol abuse? Yes No

Is there any current or pending due process action relating to denial, revocation, suspension, or restriction for any of your Hawaii Medical Licenses or any license in any jurisdiction? Yes No

Have any of your Hawaii Licenses ever been challenged, denied, revoked, suspended, restricted, limited, conditioned voluntarily or involuntarily relinquished? Yes No

Is there any current or pending due process action relating to denial, revocation, suspension, or restriction for any of your Hawaii State Narcotics Enforcement Division Certificate (NED) or your Federate Drug Administration Certificate (DEA) in any jurisdiction? Yes No

Has your Hawaii State Narcotics Enforcement Division Certificate (NED) or your Federal Drug Administration Certificate (DEA) ever been challenged, denied, revoked, suspended, restricted, limited, conditioned voluntarily, or involuntarily relinquished in any jurisdiction? Yes No

Are you currently named as a defendant to any pending malpractice claim or suit?
 Yes No

Within the past 2 years, have you ever been named as a defendant in any malpractice claim or suit where judgment was made against you or where you settled out of court with the plaintiff?

 Yes No

I hereby acknowledge that the above statements are true and correct to the best of my knowledge.

Signature

Printed Name